U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7787 NONE ASSIGNED	2. Fiscal Year Covered From:			
NONE ASSIGNED	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name CARMEN SERRETT, JR.	Name LABORERS' INT. UNION OF N. AMERICA LOCAL 103			
	Labor Organization File Number 026-319			
P.O. Box, Bldg., Room No., if any PO BOX 571	P.O. Box, Building and Room Number, if any PO BOX 571			
Street 1126 WATERLOO-GENEVA ROAD	Street 1125 WATERLOO-GENEVA ROAD			
City GENEVA	City GENEVA			
State New York ZIP Code +4	State New York ZIP Code +4 14456			
5. Position in labor organization.  RECORDING SECRETARY				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., If any	7.b. Amount.			
Street	1 to 7 stronger			
State   State				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Cas	On \$\int_{\text{S}} - 10 - 05 \\ \text{S} -			
	Date Telephone Number			

Name of Person Filing CARMEN SERRETT, JR.		File Number U-	NONE ASSIGNED		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name (	Baronecon y				
Trade Name, if any:	a. Labor Organizal	tion			
P.O. Box, Bidg., Room No., if any	b. Trust				
Street	c, Employer				
City The second					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.			
Name		users and second of the con-	Wednesday to the second of the		
Trade Name, if any:	er men (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
P.O. Box, Bldg., Room No., if any			WARANA WA		
Street	11.b. Approximate dollar valu	a of such dealing			
City	12.a. Nature of interest held				
State ZIP Code + 4	ILONO POR VIOLENCIA DE LA CONTRACTOR DE				
			de de la constante de la const		
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		$^{AAGGGGG}$		
Name LABORERS' LOCAL 103 PENSION FUND	REIMBURSED CONFERE	ENCE EXPENSES	18 m. Almontoreces		
Trade Name, If any:	- 1255 (1250 of Economists)				
P.O. Box, Bldg., Room No., if any PO BOX 571	PROCESSIONE		VERZONI POR BET PARTE		
Street 1126 WATERLOO-GENEVA ROAD	(Contributor contributor)		way a si na siyaban na wa		
City GENEVA	CONTRACTOR OF THE CONTRACTOR O				
State New York ZIP Code + 4 14456	re-redeling alternatives				
Secure de management de manage	14.b. Amount of payment.				
13.b. Is the Business an Employer or Consultant ?			\$1,581		

Name of Person Filing CARMEN SERRETT,	JR.	File Number U-	NONE ASSIGNED
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Part C Continuation Page				
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value,	and B above) or from any labor relations consultant to an employer any			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name LABORERS' LOCAL 103 WELFARE FUND	REIMBURSED CONFERENCE EXPENSES			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any PO BOX 571				
Street 1126 WATERLOO-GENEVA ROAD				
City GENEVA				
State New York ZIP Code +4 14456				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$272			
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment,			
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Trade Name, if any:				
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	Reserved Andrews Control of the Cont			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
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City  The state of	Manufacture Science Sc			
State State				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

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## LABORERS' INTERNATIONAL UNION OF NORTH AMERICA



LOCAL UNION NO. 103 P.O. BOX 571 GENEVA, NEW YORK 14456 PHONE 315-539-4220 FAX 315-539-4150

August 10, 2005

U.S Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

Re: Form LM-30 Filing for Carmen A. Serrett, Jr.

Dear Sir or Madam:

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Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Departments guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

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Carmen A. Serrett, Jr. Recording Secretary

